Housing Rehabilitation Monitoring Form

	Rehabilitation		Rec	onstruction
Grantee:	Grant Nur	mber:		
Prepared	d by: Da	ate Prep	ared: _	
Owner's	Name:			
Tenant's	Name:			
Unit Add	ress:			
		-		
	Application and	d Demog	graphic	S
		Yes	No	If no, provide documentation of (amended environmental) and selection committee
1.	Is the applicant in the original application?			minutes
2.	Is there an application for assistance and	Yes	No	
۷.	confirmed eligibility in the file?			
3.	Is the home owner-occupied?	Yes	No 🗆	
4.	Is the home tenant-occupied, if applicable?	Yes N	No	
		Yes	No	
5.	Is the owner of Low to Moderate income?			
		Yes	No	
6.	Is the tenant of Low to Moderate income?		/A 	
7.	What type of reconstruction method was used?	☐Ma ☐Mo ☐N/		
8.	Does the optional coverage plan support temporary relocation?	Attacl)	

			Comments				
9.	What is the address to which the homeowner was temporary relocated?	☐ N/A Address	S:				
10.	Did the owner contribute any funds to the rehabilitation or reconstruction?	Yes I		, how much? explain			
11.	What was the work write-up or building specification cost estimate?						
12.	What procurement method was used?						
13.	Date(s) Bid was due:						
14.	How many bids were received?	#					
15.	What are the bid amounts?	Bidding Pa a) b) c) d)		Bidding Amounts			
16.	Is the contractor or any sub-contractors confirmed as currently debarred on federal or state funds list?	·	No	What was used for verification? Date of verifying documents?			
17.	Was the contract awarded to the lowest responsible bidder?	Yes	No	If not, please give reason:			
18.	Does the Total Rehabilitation Cost exceed \$44,000 or \$42.00 per square foot for construction and Lead Based Paint abatement?	Yes	No	Square Footage of Unit:			
19.	Is the Substantial Rehab documentation in the file?	Yes N/	No				
20.	If yes, did the Rural Economic Development Division (REDD) concur with the Substantial Rehab?	Yes	No				

		N/A 			
21.	Please complete the contractor's information.	Contractor's Name: License Number: Tax ID Number:			
22.	Is there evidence of the contractor's Personal Damage Insurance in the file?	Yes N	7	If No, Explain:	
23.	Is there evidence of the contractor's Bodily Injury insurance in the file?	Yes N		If No, Explain:	
24.	Is there evidence of the contractor's Workman's Compensation in the file? (Required if the contract employs 3 or more-NC Article 97)	Yes N		If No, Explain:	
	Capturing a	nd Recapture			
25.	What is the amount of the Deferred Loan?	•			
26.	What is the recapture amount? What is the number of years in the recapture period? Date Recorded? Book and Page?	Number of Years: Date Recorded: Book Page			
27.	Were there any Modifications? Final Book and Page: Any Additional Final Note and Deed of Trust Amount:	Date Recorded: Book: Page: Date Recorded: Book: Page Date Recorded: Book: Page Date Recorded: Book: Page:			-

28.	Did the homeowner receive a copy of the Note and Deed of Trust?	Yes			No	If No, Explain:
	Note and Deed of Trust?					
	Did the homeowner receive a Notice of	Yes			No	If No, Explain:
	Recession (3 Day law)?					
29.	Did the homeowner receive a Good Faith Estimate?					
	Did the homeowner receive a Truth in Lending Statement?					
30.	What is the Control Associated Date					Signee:
	What is the Contract Amount and Date Signed?					Contractor:
		Yes			No	If No, Explain:
31.	Was the contract amount consistent with the bid amount?					
		Yes	N	lo	N/A	If No, Explain:
32.	Is there a Rent Control document in the file?					
		Yes	N	0	N/A	If No, Explain:
33.	Is there a Maintenance Agreement in the		Г	٦		
33.	file?			_		
		Yes			No	Date:
						If yes, is there evidence of the
34.	Was a preconstruction conference held with					meeting in the file:
	the homeowner/tenant and contractor?					If No, explain:
		Yes			No	If No, Explain:
35.	Did the grantee approve the contractor's work prior to payment?					
36.	What was the square footage of the previous		Sq	ı. Ft		
50.	dwelling before clearance?				N/A	

37.	What is the square footage of the newly constructed dwelling?	So	q. Ft		
38.	Is the square footage substantially the same amount as the previous dwelling?	Yes	No N/A	If No, Explain:	
39.	List Change Order dates, if any, amounts and reasons: No change Order(s)	Date		Amounts:	Reason:
40.	Verify Change Order was signed by: Contractor Homeowner Grantee	Yes	No N/A	If No, Explain:	
41.	Contract Amount: Change Order(s): Total Cost	<u>CDBG</u>		Other	-
42.	What Was the total amount paid to the Contractor?				
43.	What was the service Delivery Cost?				
	Post Cor	nstruction			
44.	Is there a Certificate of Occupancy or Certificate of Compliance?	Yes	No	If No, Explain:	
45.	Were copies of the Warranty and Guarantee documents given to the Homeowner?	Yes	No	If No, Explain:	

46.	Is a Contractor's Lien Waiver in the file?	Yes	No	If No, Explain:				
47.	Is there Sub-Contractor's Lien Waiver in the file?	Yes	No	If No, Explain:				
48.	Is there a Material Lien Waiver in the file?	Yes	No	If No, Explain:				
49.	Is there a Homeowner's Acceptance of Work in the file?	Yes	No	If No, Explain:				
	Lood Doo	ad Daint						
	Lead Bas	ed Paint	No	Light E. L.				
50.	Is the REDD Lead based Paint Checklist signed by the Grantee's designated representative? (Attach copy to this checklist for submittal.)		/A	If No, Explain:				
51.	Do any children 6 years old or younger occupy structure?	Yes	No	If No, Explain:				
	Inspection/Ris	K ASSESSME Yes	ent No	If No. Evoluin				
52.	Is there a Risk Assessment in File?			If No, Explain:				
		Yes	/A 					
53.	Is there a Lead Based Paint Clearance Report in the file? (Attach copy to this checklist for submittal)		/A	If No, Explain:				
	Miscella							
54.	Was the property identified in the ERR as Historically Significant?	Yes	No					
	If you did the Oreston committee the	Yes	No					
55.	If yes, did the Grantee comply with the requirements of the National Preservation Act							

	as identified by the N.C. Department of Cultural Resources?	N,	/A				
56.	Is the property located in a Flood Plain?	Yes	No				
57.	If the property is located in a Flood Plain, is there evidence of Flood Insurance in the file?	Yes N,	No /A				
58.	Was a Site Visit made to the dwelling?	Yes	No	If No, Explain:			
59.	Was the Owner/Tenant interviewed?	Yes N,	No No	If No, Explain:			
60.	Do the visible rehabilitation/ reconstruction work correspond to the work write up or building specifications?	Yes N,	No	If no, which areas do not correspond?			
61.	Address any other concerns that are not in the v	vork write	up:				
Gra	Grantee Representative Date						
Gra	Int Management Representative		Date				